

Exhibit C



OFFICE of the WAYNE COUNTY MEDICAL EXAMINER

1300 East Warren Avenue
Detroit, MI 48207

POST MORTEM REPORT

M.E. CASE NUMBER
15-14215
COUNTY OF DEATH
WAYNE
TOWN OF DEATH
DETROIT
DATE PRONOUNCED DEAD
Dec 23, 2015

THIS IS TO CERTIFY THAT	PERFORMED A POSTMORTEM EXAMINATION ON THE BODY
Carl Schmidt, M.D., Chief Medical Examiner	Matthews, Kevin
AT Wayne County Medical Examiner's Office	ON Dec 25, 2015

SUMMARY & OPINION

It is my opinion that death was caused by multiple gunshot wounds.

There were nine (9) gunshot wounds, as follows:

- a) This was a through and through wound of the left chest, near the midline. It exited on the left upper back, near the shoulder. In its path, the bullet caused injury in the left upper lobe of the lung. The direction of the wound was front to back and right to left. There was no evidence of injury on the skin around the entrance wound.
- b) This wound was on the right lower quadrant of the abdomen. The bullet traversed the mesentery, 3rd portion of the duodenum, body of the pancreas, left diaphragm and came to rest in the chest wall adjacent to the 9th rib, from where it was recovered. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

Wounds c, d, e, f, g, h and i were clustered in the right side of the chest, under the axilla, in an area that was approximately 6" x 3" in greatest dimension.

- c) This through and through wound was on the right side of the chest, on the anterior axillary line. The exit wound was on the left chest near the base of the neck. The bullet fractured the 4th rib, traversed the soft tissues of the chest and partially exited at the base of the left side of the neck, from where it was recovered. The direction of the wound was right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

d) This through and through gunshot wound of the right chest was 16" from the top of the head on the anterior axillary line; there was semicircular area of stippling caudad to the entrance wound that was 1" by 0.5" in greatest dimension, an indication of close range fire. The exit wound was on base of the right neck anterior, 9.5" from the top of the head and 1.5" left of the midline. This bullet also fractured the 4 rib, which was extensively comminuted, traversed the soft tissues of the chest, partially exited at the base of the right neck and migrated to the soft tissues of the left shoulder, from where it was recovered. The direction of the wound was right to left and upward.

Wounds c and d were adjacent to each other and had the same path of injury; they were separated by a narrow tag of skin.

- e) This gunshot wound was on the right chest, on the mid-axillary line. The bullet fractured the 5th rib, traversed the lower margin of the right lobe of the liver, soft tissues of the chest and came to rest in the anterior left chest wall, from where it was recovered. The bullet was recovered from the soft tissues of the chest. There was no evidence of close range fire on the skin around the entrance wound.

f) This was a through and through gunshot wound of the right chest, on the mid-axillary line; there was a rim of dense, irregularly distributed stippling around the entrance wound with a maximum diameter of 0.5 inches. This means the muzzle of the gun was very close to the skin. The bullet fractured the posterior arch of the 5th rib, perforated the diaphragm, right lobe of the liver, the 4th intercostal space before exiting on the right side of the back, in the scapular region. The direction of the wound was front to back, right to left and upward.

- g) This through and through gunshot wound to the right chest was on the posterior axillary line, and exited on the right side of the back, near the axilla. There was injury to the soft tissues of the chest only. The direction of the wound was front to back.



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h) This gunshot wound to the right chest was on the mid-axillary line; there was a rim of dense stippling around the entrance wound with a maximum width of 0.5 inches with some burning of the skin. The bullet fractured the 7th rib, right diaphragm, right lobe of the liver, left diaphragm and left lower lobe of the lung, from where it was recovered. The direction of the wound was right to left and upward.

i) This gunshot wound to the right chest was on the mid-axillary line, with a rim of dense stippling and full thickness burning of the skin with a maximum width of 0.5" inches. This indicates the muzzle of the gun was almost in contact with the skin as the bullet exited it. In the path of the bullet there was a fracture of the 8th rib, and perforation of the right diaphragm, right lobe of the liver, left diaphragm and a tear in the base of the right ventricle. This injury by itself would have resulted in profuse bleeding into the chest cavity. The bullet was recovered from within the left chest cavity. The direction of the wound was right to left and upward.

There were 800 ml of blood in the left chest cavity, and 150 ml in the right chest cavity.

There were 3 abrasions on the left forehead up to 0.5" in greatest diameter.

The manner of death is homicide.

printed by: cl

A handwritten signature in black ink, appearing to read "Carl Schmitt".

Carl Schmitt, M.D., Chief Medical Examiner

January 4, 2016

(report continues on next page)



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Cause of Death:

MULTIPLE GUNSHOT WOUNDS

Other Significant Conditions:

Manner of Death:

Homicide

NARRATIVE SUMMARY

EXTERNAL EXAMINATION:

The body was that of a well developed black male appearing about the recorded age of 35 years. The body measured 5 feet 5 inches in length and weighed 188 pounds. The body was cool, rigor mortis was partially developed, and livor mortis was present posteriorly and fixed. Clothing consisted of a white t-shirt, purple-blue hoodie, green shorts, blue jeans, white-black athletic shoes and a black belt. The head was normocephalic and the scalp hair was short, black and curly. There was a mustache and a thin beard. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical and unremarkable. The abdomen was rounded. The external genitalia were those of a normal adult circumcised male. The extremities and back showed no significant deformities or other abnormalities. There was a circular scar on the top of the right shoulder. Tattoos consisted of a teardrop under the left eye, a heart on the right proximal arm, "Tonnette" on the left neck, "MONEY" with a dollar sign and a pair of dice on the abdomen, and an illegible design on the right forearm.

EVIDENCE OF INJURY:

There were multiple gunshot wounds (9), as follows:

- a) This was a through and through wound of the left chest, near the midline, 12" from the top of the head and 1" left of the midline. It exited on the left upper back, near the shoulder, 11.5" from the top of the head and 3" left of the midline. In its path, the bullet perforated the 2nd intercostal space, and the left upper lobe of the lung. The direction of the wound was front to back and right to left. There was no evidence of close range fire on the skin around the entrance wound.
- b) This wound was on the right lower quadrant of the abdomen, 27" from the top of the head and 1" right of the midline. The bullet traversed the mesentery, 3rd portion of the duodenum, body of the pancreas, left diaphragm and came to rest in the chest wall adjacent to the 9th rib, from where it was recovered. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.
- c) This through and through wound was on the right chest, 15.5" from the top of the head on the anterior axillary line. The exit wound is on the left chest near the base of the neck anteriorly, 10" from the top of the head and 1.5" left of the midline. The bullet fractured the 4th rib, traversed the soft tissues of the chest and partially exited at the base of the left side of the neck, from where it was recovered. The direction of the wound was right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

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d) This through and through gunshot wound of the right chest was 16" from the top of the head on the anterior axillary line; there was semicircular area of stippling caudad to the entrance wound that was 1" by 0.5" in greatest dimension. The exit wound was on base of the right neck anterior, 9.5" from the top of the head and 1.5" left of the midline. This bullet also fractured the 4th rib, which was extensively comminuted, traversed the soft tissues of the chest, partially exited at the base of the right neck and migrated to the soft tissues of the left shoulder, from where it was recovered. The direction of the wound was right to left and upward.

e) This gunshot wound was on the right chest, 16.5" from the top of the head on the mid-axillary line. The bullet fractured the 5th rib, traversed the lower margin of the right lobe of the liver, soft tissues of the chest and came to rest in the anterior left chest wall, from where it was recovered. The bullet was recovered from the soft tissues of the chest. There was no evidence of close range fire on the skin around the entrance wound.

f) This was a through and through gunshot wound of the right chest, 15.5" from the top of the head on the mid-axillary line; there was a rim of dense, irregularly distributed stippling around the entrance wound with a maximum diameter of 0.5 inches. The bullet fractured the posterior arch of the 5th rib, perforated the diaphragm, right lobe of the liver, the 4th intercostal space before exiting on the right side of the back, in the scapular region, 16.7" from the top of the head and 2" to the right of the midline. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

g) This through and through gunshot wound to the right chest was 16" from the top of the head on the posterior axillary line, and exited on the right side of the back, 15.5" from the top of the head and 4" right of the midline. There was injury to the soft tissues of the chest only. The direction of the wound was front to back.

h) This gunshot wound to the right chest was 18" from the top of the head on the mid-axillary line; there was a rim of dense stippling around the entrance wound with a maximum width of 0.5 inches with some burning of the skin. The bullet fractured the 7th rib, right diaphragm, right lobe of the liver, left diaphragm and left lower lobe of the lung, from where it was recovered. The direction of the wound was right to left and upward.

i) This gunshot wound to the right chest was 19.5" from the top of the head, on the mid-axillary line, with a rim of dense stippling and full thickness burning of the skin with a maximum width of 0.5" inches. In the path of the bullet there was a fracture of the 8th rib, and perforation of the right diaphragm, right lobe of the liver, left diaphragm and a tear in the base of the right ventricle. The bullet was recovered from within the left chest cavity. The direction of the wound was right to left and upward.

There were 800 ml of blood in the left chest cavity, and 150 ml in the right chest cavity as a result of these wounds.

There were 3 abrasions on the left forehead up to 0.5" in greatest diameter.

INTERNAL EXAMINATION:

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. Except for the above previously described injuries, the internal systems were as follows:

Head:

No abnormality was noted in the reflected scalp, calvarium, dura, meninges or the base of the skull. The 1300 gm brain was free of neoplastic and other focal lesions, infarcts, and hemorrhages. The cerebral vascular system was unremarkable.

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.



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Cardiovascular System:

The 300 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were unremarkable. The right and left lungs weighed 375 gm and 325 gm, respectively. There was passive congestion in the parenchyma that was accentuated with dependent lividity. There was outlining of the pleural lymphatics by anthracosis. There was emphysema, with well developed apical bullae bilaterally that were up to 3 cm in greatest diameter. No pulmonary emboli were identified.

Hepatobiliary System:

The 1400 gm liver had firm dark tan surfaces and an unremarkable parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:

The 100 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and it was empty.

Pancreas:

The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:

The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:

The right and left kidneys weighed 100 gm and 125 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:

Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

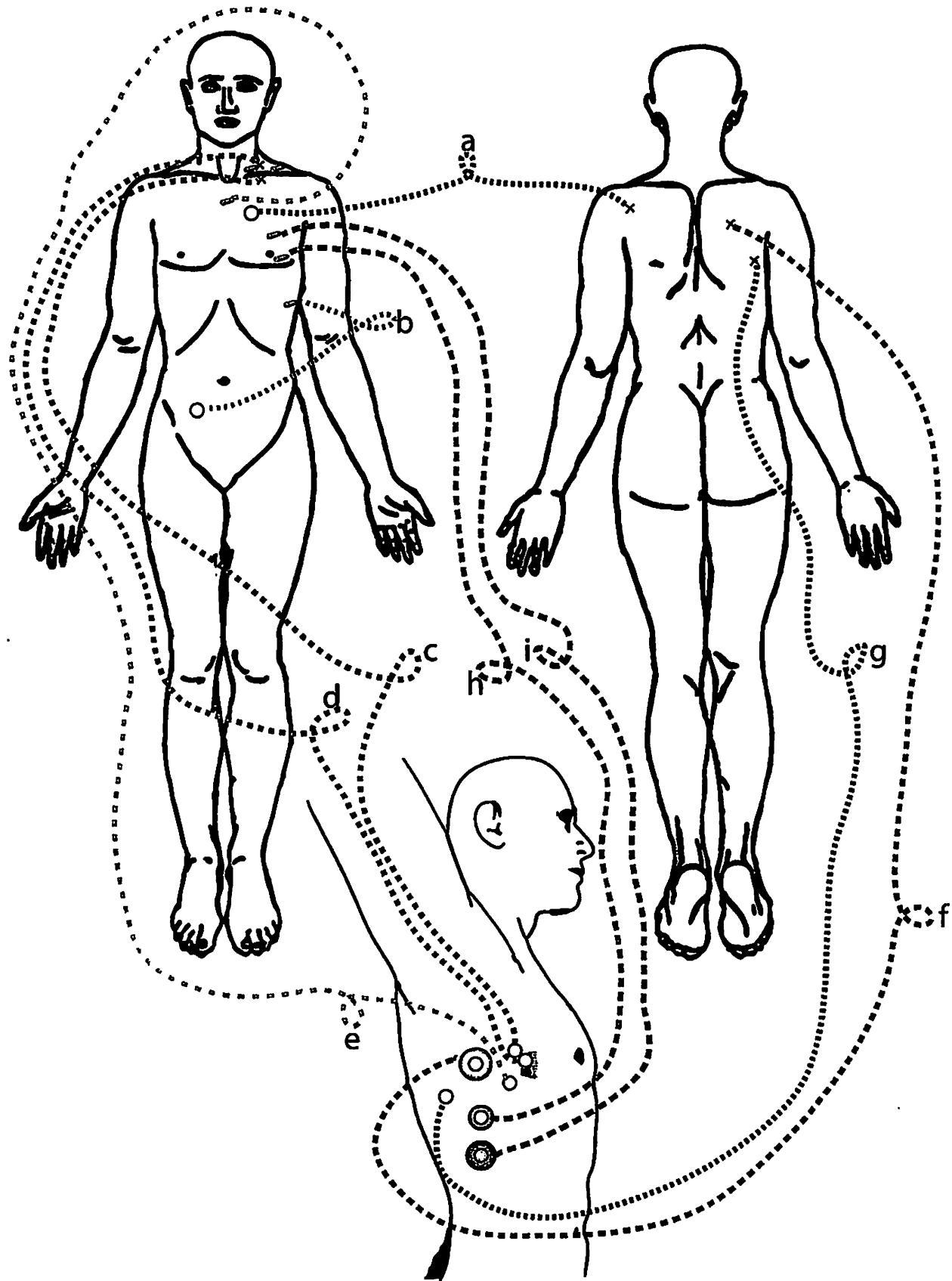
Routine tissue specimens were retained in formalin for one year after autopsy in accordance with the current record retention schedule.

PATHOLOGIC DIAGNOSES:

1. Multiple gunshot wounds.
2. Emphysema, with bilateral apical bullae.

(End of Report)

15-14215



**NMS Labs****CONFIDENTIAL**

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 01/05/2016 08:59

Patient Name	MATTHEWS, KEVIN
Patient ID	15-14215
Chain	11940995
Age Not Given	DOB Not Given
Gender	Male
Workorder	1538919b

Page 1 of 3

To: 10373
 University of Michigan - Wayne County
 Attn: Dr. Carl J. Schmidt
 1300 East Warren
 Detroit, MI 48207

Positive Findings:

Compound	Result	Units	Matrix Source
Hydrocodone - Free	22	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8056B	Postmortem Toxicology - Basic with Vitreous Alcohol Confirmation, Blood - University of MI (CSA)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	5.75 mL	12/24/2015	Peripheral Blood	
002	Gray Top Tube	3 mL	12/24/2015	Peripheral Blood	
003	Red Top Tube	2 mL	12/24/2015	Vitreous Fluid	
004	White Plastic Container	32.69 g	12/24/2015	Liver Tissue	

All sample volumes/weights are approximations.

Specimens received on 12/29/2015.



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Workorder 15389196
 Chain 11940995
 Patient ID 15-14215

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Hydrocodone - Free	22	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Hydrocodone - Free (Vicodin®; Zohydro®) - Peripheral Blood:

Hydrocodone is a DEA Schedule II semisynthetic narcotic analgesic. It is similar to codeine in analgesic activity and is also widely used in cough syrups for its antitussive activity. This compound is reported to be highly addictive. For relief of pain, hydrocodone, as the bitartrate salt, is only available in oral form in combination with non-opiate drugs, e.g., acetaminophen. Active metabolites of hydrocodone include hydromorphone and hydrocodol (dihydrocodeine). Normal adult oral dosages range from 5 to 10 mg every 4 to 6 hr. Hydrocodone has also been demonstrated to be a metabolite of codeine.

After a single oral administration of 10 mg, mean peak serum levels of 20 ng/mL were reported at 1.5 hr; levels dropped to 7 ng/mL at 8 hr.

Hydrocodone is reported to be more toxic than codeine. In overdose, it produces the same manifestations as other opiates including: drowsiness, sedation, respiratory depression, coma and death. In reported overdosage, post-mortem blood levels ranged from 130 - 7000 ng/mL.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded two (2) years from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 15389196 was electronically signed on 01/05/2016 08:04 by:

A handwritten signature in black ink, appearing to read "Denice M. Teem".

Denice M. Teem,
 Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50016B - Opiates - Free (Unconjugated) Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	1.0 ng/mL

Acode 8056B - Postmortem Toxicology - Basic with Vitreous Alcohol Confirmation, Blood - University of MI (CSA) - Peripheral

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

**CONFIDENTIAL**

Workorder 15389196
Chain 11940995
Patient ID 15-14215

Page 3 of 3**Analysis Summary and Reporting Limits:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Metabolite	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL